

Medical Assistance Provider Bulletin

Attention: All Title XIX
Certified Rehabil-
itation Agencies

Subject: Billing Instruc-
tions Corrections

Date: August 15, 1988

Code: MAPB-088-018-D

The Rehabilitation Agency Provider Bulletin MAPB-087-016-D, dated September 1, 1987, instructed rehabilitation agencies to indicate a performing provider number on all prior authorization (PA) requests and HCFA 1500 claim forms received by E.D.S. Federal Corporation on and after January 1, 1988. Rehabilitation providers are exempt from this requirement. Billing instructions included in MAPB-087-016-D should be corrected to delete this requirement. The following are the applicable PA request and claim form elements which should be corrected:

- PA Therapy Attachment, form PA/TA, Element 7
- PA Spell of Illness Attachment, form PA/SOIA, Element 7
- HCFA 1500 claim form, Element 24C.